

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G	12	7/14/01
O.I.P.E. CLASSIFIER		920	7/13
FORMALITY REVIEW	MM		08-29-01
RESPONSE FORMALITY REVIEW	MM	1041	1/10/02

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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530  
 08-29-01  
 1/11/02  
 909